



STA COURTESY FORM

DATE : _____

SCHOOL: _____

REP: _____

SCHOOL TEL: _____

REQUIREMENTS

Please take a minute during the assembly meeting to keep the Committee informed. Please list the names of any staff member who during the past month has been hospitalized, suffered bereavement, has become a new parent, or recently received an award or special recognition.

Be sure to provide the complete home address with postal code and other important information, so that an appropriate message may be sent. Leave the completed sheet with Christina MacLean, the STA Secretary.

COURTESY INFORMATION

Name of Teacher : _____

Address (Street/Box #): _____

City/Town: _____ Postal Code: _____

DETAILS:

STA USE ONLY

Received: _____ Date issued Courtesy: _____